

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4771

FILED MAR 2 1943

1734

Registration District No.

818

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ferdinand Albert Siefert

3. (b) If veteran, name war MO 3. (c) Social Security No. MO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alvina 6. (c) Age of husband or wife if

7. Birth date of deceased Mar 13 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 5 If less than one day hr. min.

9. Birthplace Bullerville, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Massener

11. Industry or business John H. Siefert
12. Name Garman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wickiow
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Ferdinand A. Siefert
(b) Address 5188 E. Eastern Ave.
Eastmourent (b) Date thereof 2-22-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) FEB 22 1943 (b) J. F. Bridger
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5309 Throdosia
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18, year 1943 hour 8:25 minute P. M.

21. I hereby certify that I attended the deceased from February 17, 1943 to February 18, 1943
that I last saw him alive on February 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident Duration

Due to Hypertension

Due to Diabetes Mellitus

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Refused

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature C. S. Meek (M. D. or other)
Address 1515 Lafayette Avenue Date signed 2/19/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.